A Snapshot of Bladder Cancer

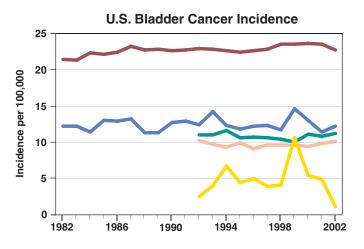
Incidence and Mortality Rate Trends

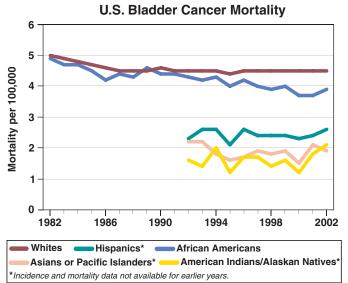
While urinary bladder cancer incidence is significantly higher in Whites than in African Americans, the mortality rates are nearly the same, due in large part to the later stage at diagnosis among African Americans. Rates for Hispanics, Asians or Pacific Islanders, and American Indians/Alaskan Natives are lower than those for Whites or African Americans. Overall incidence has stayed the same or risen slightly since the 1980s, but mortality dropped through the 1980s, resulting in increased survival. Men have greater incidence and mortality rates than women in all ethnic groups.

It is estimated that approximately \$2.9 billion* is spent in the United States each year on the treatment of bladder cancer.

*In 2004 dollars, as reported in Brown ML, Riley GF, Schussler N, and Etzioni RD. Estimating health care costs related to cancer treatment from SEER-Medicare data. *Medical Care* 2002 Aug; 40 (8 Suppl): IV-104-17.

Source for incidence and mortality data: Surveillance, Epidemiology, and End Results (SEER) Program and the National Center for Health Statistics. Additional statistics and charts available at: http://seer.cancer.gov/

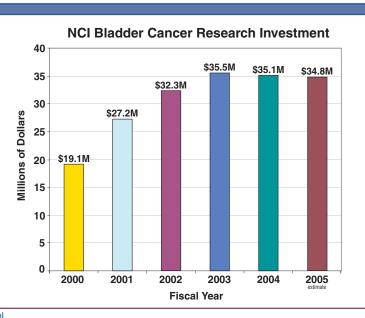




Trends in NCI Funding for Bladder Cancer Research

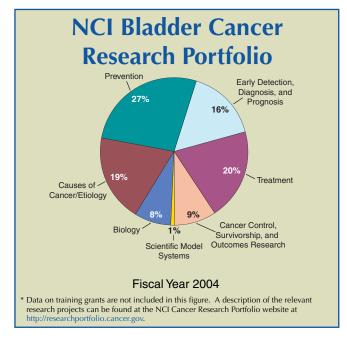
The National Cancer Institute's (NCI's) investment in bladder cancer research has increased from \$19.1 million in fiscal year 2000 to an estimated \$34.8 million in fiscal year 2005.

Source: NCI Financial Management Branch http://www3.cancer.gov/admin/fmb/



Examples of NCI Research Initiatives Relevant to Bladder Cancer

- Two genitourinary cancer-specific Specialized Programs of Research Excellence (SPOREs) are moving results from the laboratory to the clinical setting. http://spores.nci.nih.gov/current/ genitourinary/genitourinary.html
- The Early Detection Research Network (EDRN)
 is dedicated to identifying and testing new
 biomarkers for detection and risk assessment.
 EDRN supports projects including work on mass
 spectrometry and genetic profiling methods to
 detect bladder cancer. http://www3.cancer.gov/
 prevention/cbrg/edrn/
- Four State of the Science Meetings on genitourinary cancer have been convened to discuss the potential efficacy of various treatment modalities and the value of predictive factors in the management of genitourinary cancers, including bladder cancer. http://www.webtie.org/sots/html/GenitourinaryHome. htm
- The NCI intramural Genitourinary Malignancies Faculty is bringing together staff from 18 National Institutes of Health branches and labs to develop better methods for prevention, diagnosis, and treatment of genitourinary malignancies. http:// ccr.cancer.gov/faculties/faculty.asp?facid=131
- The Cancer Prevention Research Small Grant Program is designed to facilitate the growth of scientists with expertise in cancer prevention research by funding innovative pilot projects and



testing new methodologies. Projects addressing bladder cancer chemoprevention and markers of progression are being supported. http://grants.nih.gov/grants/guide/pa-files/PAR-04-147.html

- The Kidney/Bladder Cancers PRG, a panel of prominent scientists and patient advocates, assessed the state of the science and identified future research priorities for kidney and bladder cancers. http://planning.cancer.gov/disease/prg.shtml
- The Bladder Cancer Home Page provides up-todate information on bladder cancer treatment, prevention, genetics, causes, screening, testing, and other topics. http://www.cancer.gov/bladder

Selected Opportunities for Advancement of Bladder Cancer Research

- Improve treatment for late-stage bladder cancer by developing agents that target cancer growth and progression pathways without jeopardizing organ function or quality of life.
- Characterize the molecular and cellular pathways in bladder cancer cells and their microenvironment.
 Use new knowledge to develop and validate molecular targets for prevention and treatment of specific subtypes of bladder cancer.
- Identify and explore the gaps between accepted standards of practice and the care received by patients, as well as barriers to quality care, that result in disparate outcomes for bladder cancer patients.